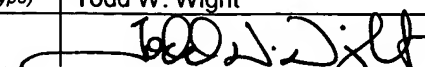


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>297912002103</b>	
		First Inventor <b>William M. COLONE</b>	
		Title	<b>RADIALLY EXPANDABLE POLYTETRAFLUOROETHYLENE</b>
		Express Mail Label No. <b>ER 038495456</b>	
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>32</b>]</span> <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul>		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>1</b>]</span>		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper	
5. Oath or Declaration <span style="float: right;">[Total Sheets <b>1</b>]</span> a. <input type="checkbox"/> Newly executed (original or copy)		c. <input type="checkbox"/> Statements verifying identity of above copies	
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>		<b>ACCOMPANYING APPLICATION PARTS</b>	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input checked="" type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input checked="" type="checkbox"/> Other: <div style="border: 1px solid black; padding: 2px;">1. Copy of Assignment Docs. (10 pages) 2. Copy of Power of Attorney (1 page) 3. Copy of Revocation of Prior POA (3 pages)</div>	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>08/888,438</b> Prior application information: Examiner <b>R. Dye</b> Art Unit: <b>3627</b>			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b>			
<input checked="" type="checkbox"/> Customer Number: <b>25224</b> OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
City		State	Zip Code
Country		Telephone	Fax
Name (Print/Type) <b>Todd W. Wight</b>		Registration No. (Attorney/Agent) <b>45,218</b>	
Signature 		Date	<b>February 5, 2004</b>

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. ER 038495456, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: February 5, 2004

Signature: 

(Linda J. Burleigh)

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FEE TRANSMITTAL for FY 2004				Complete if Known			
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number		Not Yet Assigned	
				Filing Date		Not Yet Assigned	
				First Named Inventor		William M. COLONE	
				Examiner Name		Not Yet Assigned	
				Art Unit		Not Yet Assigned	
				Attorney Docket No.		297912002103	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27							
TOTAL AMOUNT OF PAYMENT		(\$)		770.00			
METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None				3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">03-1952</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Morrison &amp; Foerster LLP</span>							
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	2001	770	385	Utility filing fee	770.00		
1002	2002	340	170	Design filing fee			
1003	2003	530	265	Plant filing fee			
1004	2004	770	385	Reissue filing fee			
1005	2005	160	80	Provisional filing fee			
<b>SUBTOTAL (1)</b>				(\$)		770.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		-20** =		Extra Claims	Fee from below	Fee Paid	
Independent Claims		-3** =					
Multiple Dependent							
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1202	2202	18	9	Claims in excess of 20			
1201	2201	86	43	Independent claims in excess of 3			
1203	2203	290	145	Multiple dependent claim, if not paid			
1204	2204	86	43	** Reissue independent claims over original patent			
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent			
<b>SUBTOTAL (2)</b>				(\$)		0.00	
**or number previously paid, if greater; For Reissues, see above							
				Other fee (specify) _____ *Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3)</b> (\$)			
				0.00			

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Todd W. Wight	Registration No. (Attorney/Agent)	45,218
Signature		Telephone	(949) 251-7189
		Date	February 4, 2004

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Dated: February 4, 2004

Signature (Todd W. Wight)